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UCSF NEWS

Immunology and Cancer

Immunology is moving to the forefront of cancer research, today. At UCSF Drs. H. Hugh Fudenberg, A. S. Levin, L. E. Spitler, J. Wybran and V. S. Byers are doing research with a substance called transfer factor (T.F.).

T.F. is not a drug; it is an extract prepared from the white blood cells (lymphocytes) of healthy individuals which confers immunity to patients suffering from serious immune deficiency diseases, including some forms of cancer, namely, osteosarcoma (bone cancer).

"We now have the means to prolong the lives of bone cancer victims, most of whom would die within 18 months despite surgery, radiation or drugs," says Dr. Fudenberg, Professor of Medicine and Chief of the Immunology Section.

At UCSF and at other research centers it is increasingly clear that the lymphocyte (the cell that stands at the center of the immune response against disease) is implicated in the chain of events that lead to cancer. The particular lymphocyte involved in T.F. is the T-lymphocyte, which is manufactured in the thymus gland, located below the throat and close to the heart. The T-lymphocyte fights viruses. The B-lymphocyte, made in the bone marrow, fights bacteria.

From what is already known about the body's immune system and the role of lymphocytes in creating antibodies that fight antigens (invading foreign substances such as bacteria and viruses), scientists have developed vaccines to protect us from polio, small pox, etc., and antibiotics to help our bodies fight off pneumonia, strep throat, etc. On the other hand, knowledge of how to suppress the immune system has made possible the transplantation of hearts, kidneys, and other organs.

Use of T.F. to fight serious immune-deficiency diseases, including cancer, is new. Discovered by Dr. H. S. Lawrence 20 years ago, its reality and therapeutic usefulness were doubted by scientists until quite recently. Dr. Fudenberg has been studying various immune deficiency diseases for 15 years and, since 1969, the UCSF group has been using T.F. to treat children suffering from diseases caused by an inborn defect in their immune systems which make them prey to life-threatening infections, bleeding into their tissues, and disfiguring fungal conditions.

The effectiveness of T.F. in the treatment of various immune deficiency disorders has progressed with the development of new laboratory tests at UCSF as well as at other medical centers. Dr. Vera Byers, a member of the UCSF Immunology group, has devised a test to measure the ability of a donor's lymphocytes to kill bone cancer cells that are growing in test tubes. Also, Dr. Joseph Wybran, a research immunologist at UCSF, developed a system for monitoring the degree of "active" cellular immunity in cancer. He found that T-lymphocytes from people with normal immunity to cancer form large numbers of rosette-shaped clumps when mixed in a test tube with red blood cells from sheep, and that T-lymphocytes of severely ill cancer patients form very few rosettes. Thus, the percentage of rosette-forming cells found in blood samples can be used to test the effectiveness of cancer therapy as well as the level of immunity in potential donors of T.F.

The use of T.F. to fight cancer started in December, 1969, when Dr. Levin of the UCSF group tried it to arrest the spread of cancer cells in a 15-year-old girl with an inoperable osteosarcoma of her right hip. She received injections of an extract of white blood cells from her father, tests having proved that his cells could kill osteosarcoma cells. The physicians reasoned that his immunity could be transferred to the patient, thus helping her mobilize more cancer-fighting cells of her own. This proved to be true.

The girl's condition remained stable for nine months with bi-weekly injections of her father's T.F. Then her immunity weakened and lab tests showed that the father's immunity to the cancer cells had dropped to zero. (Drs. Levin, Byers and Fudenberg have shown that repeated removal of white cells cause loss of the donor's cellular immunity, but this is restored within three to four months after cessation of withdrawal of blood needed to make T.F.) Another donor was found and the girl's response was dramatic; she remained clinically stable for another 14 months. Finally, complications developed that were related to the fact that her large tumor could not be removed, and she died. Nevertheless, her life had been extended far beyond the normal survival rate for cases of osteosarcoma, and there is no doubt it was due to the T.F. Out of gratitude, the girl's father continues to donate his white blood cells to treat other patients.

Eleven other osteosarcoma patients have since been treated by Drs. Levin, Fudenberg, Wybran, and Byers. In these cases the patients first had surgical removal of their tumors. This meant that they had less total antigen (fewer cancer cells) to combat. Consequently, T.F. was even more effective than it had been with their first patient. "To date, only one of these patients has died, two have been changed from T.F. therapy to chemotherapy, but the remaining eight patients are doing very well," says Dr. Fudenberg.

"Experience in treating victims of osteosarcoma with T.F. has opened up another field of research," says Dr. Fudenberg. "It is providing evidence that supports our belief that osteosarcoma may be caused by a virus."

Although there is strong evidence that viruses cause osteosarcoma in mice and other species, no previous evidence had been found that viruses could cause osteosarcoma in humans—or any other form of cancer in humans—although scientists have long suspected that they can.

"We have laboratory evidence to support our belief that osteosarcoma may be of viral origin, and that people having close contact with patients (relatives and close associates) receive a measurable immunity to osteosarcoma which can be transferred by T.F. to the patients to boost their own immunity to these specific cancer cells," the researchers state. This suggests an infectious process.

"This is not to say that people can "catch" cancer from someone else," Dr. Fudenberg hastens to reassure, "only that certain viruses under certain condi-

tions can cause cancer. We believe that the individuals who develop osteosarcoma do so because they suffer from a particular defect in their immune system (probably genetic) which makes them vulnerable to the presumed osteosarcoma virus."

Twenty percent of the people the group tested who had close contact with osteosarcoma victims proved to have high levels of cytotoxicity to osteosarcoma cells, but *not* to cells of other tumors. In contrast, less than one percent of normal subjects, or of people having close contact with patients of *other* types of cancer, had significant cytotoxicity with osteosarcoma cells.

The UCSF group cautions that T.F. is not a cure for cancer, but it is a valuable therapeutic adjunct to standard treatments of surgery, radiation, and drugs. T.F. has come a long way in the 20 years since its discovery. The group believes it may play a major role not only in immuno-deficiency states and malignant disease but also in the so-called "autoimmune diseases"—those in which the body seems to be allergic to its own tissues—such as rheumatoid arthritis, systemic lupus erythematosus, and multiple sclerosis.

—Joan Spiegelhalter

Dentistry Aids Identification

QUESTION: How was identification made of the dead in the following: The Symbionese Liberation Army "shoot-out" in Los Angeles? The Kemper murders in Santa Cruz? The Pan-American airline disaster in Pago Pago?

ANSWER: By matching the victims' teeth and jaws with their dental records.

Forensic odontology is the science of identification of human beings—whether living or dead—by means of dental evidence. *Forensic* means relating to the law, and odontology means the study of teeth.

These crimes and disasters were among the topics discussed in a two-day symposium at the College of San Mateo last October 26-27, presented by the Postgraduate Division of the School of Dentistry and the Division of Forensic Pathology and Medicine, School of Medicine, University of California, San Francisco in cooperation with the San Mateo County Dental Society.

Dr. Louis S. Hansen, program chairman, says the increase in violent crimes and mass disasters has stimulated intense interest in the subject, and the symposium was organized to bring concerned specialists together to learn from one another. About 400 dentists, dental assistants, physicians, coroners, and law enforcement officers attended.

Forensic odontology became a formalized science only recently, says Dr. Hansen, although teeth have figured in identification as long ago as Nero's time. Hitler's remains were positively identified, as were those of his top aide Martin Bormann, by means of dental records kept in the Reich's Chancellery. The mystery surrounding Bormann—long reported to be living in South America—was solved by Dr. Reidar Sognnaes of UCLA School of Medicine and Dentistry just last year; comparison of Bormann's dental charts with a recently unearthed skull, including the existence of a partially erupted third molar, clinched the identification.

"Finger prints, if available, are the usual means of identification," says Dr. Hansen, "but lacking these, matching the jaws and teeth to dental charts is conclusive evidence. Fingerprints are often destroyed by fire, burial, or long immersion in water, but bones and teeth are impervious to these processes and can remain intact for many years. Only intensely high heat, strong acids, or massive crushing forces can destroy teeth and bones."

The UCSF symposium given in San Mateo was the second of its kind . . . the first was presented in 1971 at Loma Linda University School of Dentistry by Dr. Thomas T. Noguchi, Chief Medical Examiner-Coroner of Los Angeles County and his Chief of Forensic Dentistry Dr. Gerald L. Vale. They made the identifications of the SLA dead and were among the outstanding speakers at the San Mateo course.

The symposium stressed the vital importance of dentists and their assistants in maintaining complete and accurate dental charts on their patients. Sheriff offices often enlist dentists' help in identifying homicide victims by circulating descriptions of the victim's teeth. The October issue of the *Journal of the California Dental Association* carries descriptions of the dental charts of the SLA members known to be still at large.

Dr. Hansen points out that dental charts are available for every person who has ever served in the Armed Services, and that numerous identifications of victims of drowning, murder, etc., have been made possible as a result.

Joan Spiegelhalter

Jung and Freud Revisited

The first time "Freudians" and "Jungians" ever appeared together on the same platform to assess their similarities and differences was October 26, at UCSF.

Renowned proponents of the two twentieth century giants of depth psychology discussed personalities and ideas during a symposium sponsored by the Friends of Langley Porter, a non-profit corporation that helps fund patient programs, community education, and research projects.

According to program coordinator Dr. Charles H. Klaif, the symposium grew from a remark of his wife, Darlene, following their discussion of the recently published *The Freud/Jung Letters* (Princeton University Press). "Wouldn't it be wonderful if the Freudians and Jungians got together to talk about their ideas?" she said, "and while some of the men who knew them are still with us?" Then the Klaifs, with the help of Dr. and Mrs. (Sally) David W. Allen organized the program. So great was the demand for the $35 tickets that many people had to be turned away.

Historical reflections on the Freud/Jung relationship were given by Dr. Joseph L. Henderson, Jungian analyst, Stanford University, and Dr. Ilza Veith, medical historian, UCSF. Dr. Henderson, who knew Jung personally, said that Jung was early interested in the occult and wrote *The Theory of Autonomous Complexes* after having studied a girl with a multiple personality who was also mediumistic. Henderson attributed the differences between Freud and Jung to differing cultures and education—Freud's being physiological and Jung's philosophical.

Dr. Veith, professing she was neither a Freudian nor a Jungian, pointed out Jung's intense interest in Paracelsus, the Swiss physician and philosopher of the fifteenth century who had served Goethe as his prototype for *Faust*. Jung wrote an entire book about him, and in his collection of essays, *Reality of the Soul*, essays on Paracelsus and Freud were juxtaposed—Freud being viewed less favorably, said Dr. Veith. From age 37, Jung's close identification with Paracelsus seemed coincidental with his increasing trend toward mysticism and his break with Freud. Dr. Veith pointed to Paracelsus' remarkable insights into the psychologic causes of illness, his interest in Oriental philosophy and belief that "nature provides the cure." He was a contemporary with Luther, a Catholic who became a Gnostic, an outsider who defied convention by lecturing in German when he became Professor of Medicine at Basel. He, as did Jung, suffered from the break-up of an intense and long-standing friendship, and he too broke with his major disciple at age 37.

A lively panel discussion between Freudian and Jungian psychiatrist of the UCSF faculty highlighted their similarities and differences. The Freudians were represented by Drs. Edwin F. Alston, Mardi J. Horowitz, and David W. Allen, who acted as moderator. Panelists from the Jungian School were Drs. Crittenden E. Brookes and Howard I. Levene.

Differences far outweighed similarities, with the insistence by the Freudians that whereas both depth psychologies are an *art*, Freudian psychoanalysis is also a *science*.

The Jungian group criticized the Freudians for too much emphasis on pathology and the past rather than emphasizing the patient's potential, and for not using other systems of uncovering the past such as mythology, fairy tales, literature, and the concept of the universal archetype.

The Freudian group defended themselves against the charge of being "too anonymous" and "too cool" in their relation to the patient. Said Dr. Allen: "You have to frustrate the patient before trying to gratify his hunger," and Dr. Horowitz: "The analyst can't get his own gratification from the relationship."

Another major difference was the attitude toward the patient's transference to the therapist: Jungian Dr. Brookes: "You can't kid yourself, so be yourself . . . we hassle it out with the patient . . . people change as a result of the relationship." Dr. Horowitz, a Freudian: "The patient has to feel that the analyst is a safe person before dangerous and fearful thoughts can ascend to consciousness . . . he begins to change as conflicts buried from childhood begin to thaw and alter in the process of analysis."

One of the highlights was the dialogue between Professor Erik H. Erickson and Dr. Joseph B. Wheelwright on the Freud/Jung correspondence. Wheelwright was analyzed by Jung, and Erickson knew Freud and was analyzed by Anna Freud. Professor Erickson's books on Luther and Ghandi have themselves illumined the father-son complex, and he addressed his theme to the "shadow of the father" in explaining the Freud/Jung relationship.

He said that Freud's letters to Wilhelm Fliess are essential to an understanding of his letters to Jung; that Fliess was frightened of Freud's emotional overflow, as was Jung, and that the whole matter of transference operated in his letters to both men.

Professor Erickson paid special tribute to the beautiful letters Emma Jung wrote to Freud imploring him to relieve the strain on her husband and to live more for himself and for his own family. Her letters cast the psychoanalytic light of clarity on the increasingly strained relationship.

Dr. Wheelwright added that Emma Jung went on to become an outstanding analyst in her own right. He reported that Jung revealed to him that he had suffered

severely for a long time after the break with Freud but that finally "he was released to fulfill his own law." Nevertheless, said Dr. Wheelwright, Freud's shadow left it's mark, and he constantly paid tribute to him. "He told me that Freud was the most important man in his life."

Also attending the symposium was William McGuire, Editor of *The Freud/Jung Letters*, who related fascinating sidelights of the Freud and Jung families' reactions to the book's publication. "We never understood why the break happened," Anna Freud told him. McGuire also unearthed a poignant postscript to the sundered friendship: it was believed that all of Freud's books had been sold when he left Vienna, and these were eventually bought by Columbia University. McGuire, who saw the collection, noted they did not include any of Jung's books. Later, he learned from Freud's family that Freud *had* kept a few books, that these were still in their possession, and he was permitted to see them. Among the few books Freud chose to retain were two of Jung's.

(A videotape of the symposium is available to other institutions.)

Joan Spiegelhalter

Tis the Season...

"Now with bright holly all your temples strow,
With Laurel green, and sacred mistletoe."

Along with the Christmas tree and holly, mistletoe is often a part of holiday decorations. From the misty past of druids and gods and forest rituals to the present day, it carries an aura of magic. Usually, it hangs high in a room to sanction kisses stolen from anyone standing beneath it.

Freya, mother of a Norse god, is credited in Scandinavian mythology for the waxen berries on mistletoe, which legend says were created from the tears when her son was killed by a mistletoe dart. Seeing her great sorrow, the gods restored to life Balder, her son. Freya declared mistletoe to be a symbol of love, thereafter, and that she would kiss anyone who passed under its branches.

In California, the parasitic mistletoe is usually found growing on oak trees, although the American species does grow on elms, and sometimes on apple trees. The European species grows on apple, plum, pear, and similar trees; as well as on poplars, beeches, oaks, and others.

According to the U.S. Dispensatory of 1896. . . "The operation of mistletoe is as uncertain as its virtues are doubtful."

In later editions of the Dispensatory, the question of the poisonous quality of mistletoe continues to be considered. Included with its positive medicinal qualities, there is evidence that either or both leaves and berries can be harmful if eaten in quantity.

So hang the mistletoe high, away from children and pets, and keep Freya's tradition.

New Project to Assist Rape Victims

More than 60 volunteers are being recruited to provide emergency assistance and support for rape victims in San Francisco. These volunteers will be on call whenever they are needed by the Department of Public Health's Central Emergency Service.

The project has been initiated by Francis J. Curry, M.D., Director of Public Health, as part of the Department's continuing effort to deal as effectively and humanely as possible with the needs of rape victims. William E. Yost, Superintendent, Emergency Medical Services, is director of the project. Volunteers are being screened by Zena Jones, Volunteer Director of the new program. They will be officially registered with the Volunteer Auxiliary to San Francisco General Hospital, a nonprofit California corporation.

Volunteers, nurses, and others who come into contact with rape victims, are being trained in crisis-intervention techniques by Kathy Unger, M.D., a psychiatrist currently assigned to the City's Methadone Clinics.

In preparation for the new program, which is expected to get underway in December, a special examination room is being renovated and a comfortably furnished "interview room" is being added at Central Emergency Service. Funds for these improvements have been provided by the Queen's Bench Foundation.

After the rape victim has been seen in the examination and treatment room, she will be taken to the interview room where a previously alerted volunteer will be waiting to talk to her, and to help arrange any needed followup, such as social services, police, or legal assistance. As a result of their training, the volunteers will be sensitive to the needs of rape victims, and have knowledge of community resources that can be helpful.

Volunteers of all racial and ethnic backgrounds are needed to participate in this new venture. For an appointment, those interested are urged to call Zena Jones, 474-0756.

Claire Wray

Tay-Sachs Disease Screening

Prevention is the strategy being utilized to eliminate a disease that causes suffering and personal tragedy for hundreds of families. A gentic disorder, Tay-Sachs Disease develops in infants before they are born and begins to attack the nervous system a few months after birth.

A deteriorating disease, Tay-Sachs causes blindness as well as general physical and mental disability. Affected children usually die between three and five years of age. It occurs 100 times more frequently in babies born to Jewish parents of Central and Eastern European ancestry than in the general population.

Tay-Sachs Disease is a recessive, genetic disorder and an infant cannot be born with it unless both parents carry the Tay-Sachs gene. A simple blood test is now available to identify carriers of the disease.

"While the Tay-Sachs Prevention Program is directed toward a specific population . . . the Jewish group . . . its implications go far beyond this one disease," explains Dr. Mitchell S. Galbus, Professor of Obstetrics and Gynecology at UCSF. "It can serve as a model program in the prevention of genetic disease in general." As examples he cites sickle cell anemia, cystic fibrosis, and Thalessemia, all inherited disorders which affect selected population groups.

The Prevention Program has three stages:

1. Voluntary screening of every Jewish adult of child-bearing age in Northern California.
2. Identifying individuals who are "carriers" (normal but can transmit the Tay-Sachs gene), and couples who are "at risk" (both carry the Tay-Sachs gene).
3. Provide genetic counselling—including a safe method of pre-natal diagnosis—which affords such couples a number of options whereby they can safely plan to have children without fear, if they desire.

"The significance of the screening procedures is enormous" notes Dr. Golbus. "Identifying carriers, and prenatally determining whether or not the fetus is stricken, means that couples need not shy away from having children out of fear of the disease."

The Northern California mass screening campaign is under the joint auspices of Mt. Zion Hospital and Medical Center; the University of California, San Francisco, the Jewish Welfare Federation of San Francisco, Marin and the Peninsula; and the Division of Family Services, California State Department of Health.

* * * * *

The first mass screening in the San Francisco Bay Area started in mid November. Women in early pregnancy, however, can be tested immediately, if they wish, by telephoning the Northern California Tay-Sachs Office, located at UCSF, for an appointment. The telephone number is (415) 665-3597. The office is located at 1466 Fourth Avenue, San Francisco, CA 94143.

SCHEDULE OF SCREENINGS

December 15, 10:30 a.m. - 2:30 p.m.
Temple Beth-el
1700 Alameda de Las Pulgas
San Mateo, CA

January 19, 10:30 a.m. - 2:30 p.m.
Temple Beth Sholom
14th Avenue & Clement
San Francisco, CA

February 9, 10:30 a.m. - 2:30 p.m.
Temple Rodelf Sholom
170 N. San Pedro Road
San Rafael, CA

March 16, 12 noon - 4:00 p.m.
San Francisco Jewish Community Center
3200 California Street
San Francisco, CA

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The UCSF Library

"Voted. That fifty dollars be paid by the Dean to Toland Medical College Association in aid of their Museum and Library." This record from the Minutes of the Faculty, Toland Medical College, 7 July, 1866, reveals the meager beginnings of a Library that has become a resource for Northern California and a major medical library nationally.

An important element in this scholars' and scientists' library is Mrs. Jeanette G. Yeazell, who was appointed University Librarian at UCSF in 1972.

Computerized Resources

"The Library acts as a 'transmitter' of valuable information from distant computer sites to health sciences researchers," Mrs. Yeazell explains. Very large masses of knowledge are coped with by developing smaller and more discrete indexes, which become the keys to published literature. These keys may be in printed form, published at intervals and paid for like journal subscriptions, or they may be available only through use of a computer terminal.

Some sources which can be searched are Index Medicus, International Nursing Index, Index to Dental Literature, Vision Index, and a variety of information banks covering biology, chemistry, and nuclear science. In December, another index called Toxline will be added to aid in drug toxicity requests. Toxline is being added in collaboration with the UCSF Drug Information Analysis Service.

Special Collections

These modern services and volumes share the Library with the superb collections that have been built through the years, first under Dr. John B. deC. M. Saunders and in more recent years under Mrs. Yeazell. The collection on Oriental medicine is outstanding, and consists of materials that relate to both traditional and contemporary medicine. Represented are Oriental artifacts, scrolls depicting practices of traditional Oriental methods, and public health handbills. The latter, originally were displayed in public places to notify people of health hazards and epidemics and to suggest such methods of treatment as regimens and diets. "The Library has bought available Japanese and some Korean materials in the past, but with the opening of the Chinese market, we hope to support and widen our present holdings through purchases and gifts," noted Mrs. Yeazell.

Another collection is the important History Collection which is used extensively not only by medical historians, but by numerous scholars, novelists, and writers using medicine as a background. A definitive history of California medicine is to be found in the Medical Californiana Collection. The Anaesthesia Collection is quite substantial and has been the source of many writings on this important subject.

Gifts Welcomed

The Library appreciates gifts of books on the health sciences and continually receives current and older works. A special bookplate, which is placed in the gift book, notes the name and any special dedication of the donor. The Library is an excellent repository for those donors who want to insure that their gifts will be expertly cared for and permanently secure. (This is true also for artifacts that relate to the history of health sciences).

The Campus Archives

One of the most valuable units of the Library and the campus is the Archives, a reference collection on UCSF, which contains records and minutes of faculty meetings from most Schools, catalogs and announcements, and financial records. Also housed there are biographical and bibliographical materials including manuscripts and correspondence of faculty, alumni, and other UCSF personnel; theses and dissertations by UCSF students; photographs and drawings of the campus and campus personnel; publications of Schools, departments, UC Hospital, and certain University-wide publications; as well as memorabilia connected with faculty or alumni.

Scientific Journals

Seventy-two percent of the Library's collection are journals and serials which are purchased on a subscription basis. Journals are held until the Volume is complete then they are bound in the Library's bindery. The acquisition and processing of these materials create a beehive of activity of which purchasing and cataloging are but a part. Each publication must be analyzed for content in order to catalog it properly. The Loan Desk, which Mrs. Yeazell refers to as "the primary care center" of the Library, handles a circulation of 600 items daily, and an additional 1,000 books a day are consulted in the Library. A total of over 1600 items a day which must be reshelved represents a formidable daily workload!

For the future, the Library would like to improve public service, shorten the time materials are out of place, improve self-service arrangements through use of audio-visual methods, provide access to machine-assisted indexes, and pursue any kind of program to enhance the passing of information to the users.

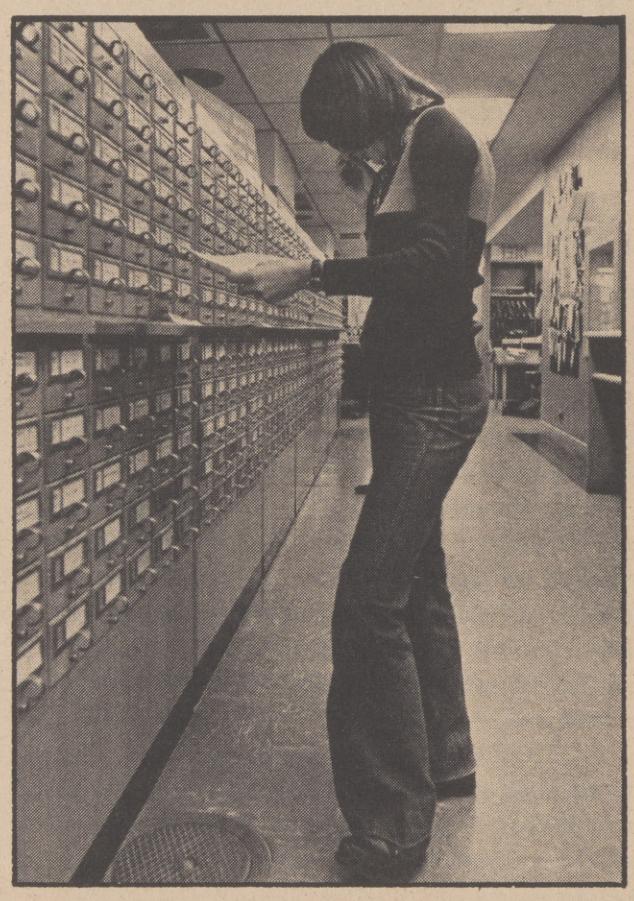
UCSF Library is a "hub operation" available seven days a week. Increased hours were instituted as a direct response to student requests and were supported by Chancellor's funding for 1974-75.

Michael Douglas

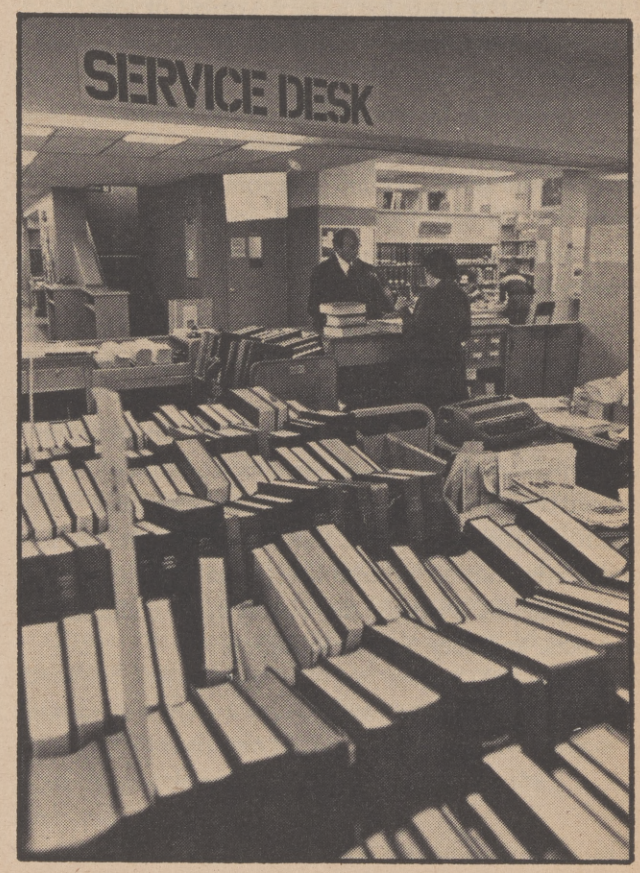
Dorothy Allen, Library assistant with the Kardex file for Serials in the Acquisition Department.

Journals alone are a formidable factor in the Library work-load. There are thousands of different medical and other scientific journals to index, circulate, bind, and move from current to permanent shelf-space.

Photos by Tom Walters



Card catalogues are the "open sesame" to correct use of the Library.



Over 600 items are processed daily at the Loan Desk.

On Campus

Management Intern Program

A year ago, Ruby Brown was working as an administrative assistant in the UCSF Contracts and Grants Office; Judy Martin was a UC administrative assistant in the Clinical Study Center, San Francisco General Hospital; and Jessie Mallory was a clerical supervisor in the Moffitt Hospital clinical laboratories.

Today, all three hold management level positions at UCSF. Mrs. Brown is campus Parking Operations Manager; Miss Martin is Administrative Service Officer for the Cancer Research Institute; and Mrs. Mallory holds a position of responsibility in the Accounting Department.

These three success stories came about as a result of the innovative Management Intern Program conducted on the campus during the first six months of this year. Seven UCSF employees, chosen from nearly 150 applicants, were assigned to spend 20 hours a week in classroom or other instructional situations, and 20 hours on their regular jobs, all at full salary.

Other graduates of the 1974 Management Intern Program are Alfred Lopez, of the Inhalation Therapy department; Marsha McGrew, Office of the Dean of Students; Cary Martin, Langley Porter Neuropsychiatric Institute; and Lee Woo of the Outpatient Clinics. Chancellor Francis A. Sooy, M.D., has expressed the hope that as soon as openings are available, these employees too will be placed in positions where they can apply their new management skills.

The Management Intern Program—a practical approach to fulfilling the Affirmative Action goals of the UCSF campus—was administered by the Employee Development Division. Candidates were chosen by a Selection Committee with representation from the Black Caucus; Latin American Campus Union; the Chancellor's Advisory Committee on Women; the Staff Employee Council; the Career Development Committee; the League of Women; and a Chancellor's appointee.

Beginning in January, the seven interns attended daily classes and conferences on theory and principles of management, University policies and procedures, and received concentrated training in such areas as accounting, purchasing, budget and fiscal planning and personnel administration. A flexible system of rotation through various departments was tailored to each intern's special interests.

An Evaluation Committee, with Donald I. Bartlow, Assistant Director, Hospitals and Clinics, as Chairman, is now making a comprehensive review of the pilot Management Intern Program. The nine-member Committee includes two graduates of the pilot program (Al Lopez and Cary Martin). Also represented are a cross section of ethnic and campus groups, as well as Material Management and the Information System and Computer Center.

Claire Wray

Ms. Ruby Brown has more than just parking spaces to consider as UCSF Parking Operations Manager. Supervising a staff of 12 and maintaining a fleet of 25 automobiles are all part of the job. She has developed a new system for fee collecting that will start next January.

Ms. Judy Martin appreciates the cooperation given by Dr. Edward G. Biglieri at SFGH where she was working while participating in the Management Intern Program. She is now Administrative Services Officer for the Cancer Research Institute at UCSF.

Photos by Tom Walters

Acting Accountant Assistant, Jessie Malloy, was formerly a member of the Clinical Laboratory on campus. She is enthusiastic about the Intern Program and says it . . . "shows there is opportunity if you are willing to work." There is general agreement among those who completed the course that the training helps to understand the University system.

New Program Director

Ms. Susan Graham, who joined the staff of the Guy S. Millberry Union in 1971, was recently appointed as the Millberry Union's Program Director. She succeeds Ms. Doreen J. Bauman who, for an extended period of time, served as the head of both the Union's

Program Department and its Department of Recreation. Ms. Bauman continues as an Associate to Union Director R. A. Alexander with key responsibilities in a number of areas of administration.

A native of Vallejo, California, Ms. Graham previously served in administrative posts with the United States Health Corporation (San Francisco) and the East Palo Alto Health Center, U.S. Office of Economic Opportunity.

As Program Director, Susan serves as Manager of the UCSF Committee on Arts and Lectures (CAL). The Committee, with representatives from the Schools and campus organizations, provides the campus with a continuing cycle of movies, live performances by musicians, dancers, theater groups, puppeteers, concertists, and others. All performances are open to the campus community and the neighborhood.

"Although the Committee is composed of selected representatives from the campus, I would like to invite participation by anyone interested in its activities," explains Ms. Graham. "The Committee has developed an attractive array of entertainment and educational activities for the campus and community. Anyone interested may telephone 666-2019 or come by my office at 243 Millberry Union. Hours are 9 a.m. to 6 p.m. Monday through Friday."

New Campus Directory

In late December UCSF will have a new Campus Directory, and in February a brand-new campus locator system will become operational.

Individual entries for the directory were first coded through a Datapoint computer terminal. The data was then entered onto magnetic tape in the campus computer. Printouts from this file were proofed, and the corrections re-entered along with continuously received new-employee data. Finally a correct and current tape was processed through an RCA Videocomp, which is a hybrid of mini-computer, photocompositor, and platemaker. Out came the final plates from which the directory is being printed.

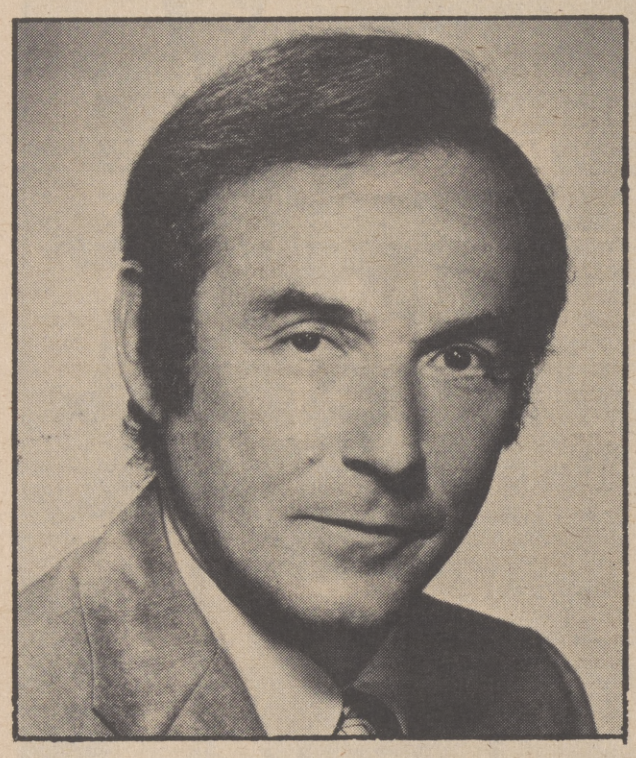
The blue "campus locator" cards which have been distributed are vital to the locator process—please return them to 1379 3rd Avenue, Room 206, or call 1749. When the collection is complete, microfiche cards will be made, storing hundreds of names on a single 3x5 card. These cards will be used by campus information operators to locate, in seconds, the campus phone or address for any employee.

The locator and directory projects are coordinated through the Telephone Communications Center, the Computer Center, the Publications Office, and the Registrar's Office.

BOOKS & RECORDS

The Millberry Union Bookstore will hold a pre-Christmas sale in Millberry's lounge. The sale, which starts December 3, will have remaindered books and records at prices up to 80 percent off list price.

Heart Association President



Dr. Elliot Rapaport, Professor of Medicine and William Watt Kerr Professor of Clinical Medicine at UCSF, has been installed as President of the American Heart Association, one of the Association's two, top volunteer positions.

Dr. Rapaport, who is also Chief of Cardiology at SFGH, has been a member of the Cardiovascular Research Institute on the San Francisco campus since the Institute was established in 1958.

Dr. Rapaport has been described by colleagues as . . . "a superb clinical researcher with a keen ability to translate new knowledge and apply it to the problem of cardiovascular care."

An active member of the American Heart Association, a voluntary health agency, for many years, Dr. Rapaport was President of its California affiliate, 1972-73; and of the San Francisco Chapter 1963-64.

NOTES

Dr. Wallace V. Epstein served as the First Annual Visiting Professor to the Sociedad Mexicana de Reumatologia. He conducted clinical rounds at five hospitals during his tenure as Visiting Professor and was elected as honorary member of the Sociedad Mexicana de Reumatologia.

Dr. Ilza Veith, Professor and Vice Chairman, History of Health Sciences was elected Corresponding Member of the German Society of History of Medicine, Natural Sciences and Technology.

At the Sixth National Conference on Continuing Education in Nursing held at the University of Wisconsin, Milwaukee, Dean Marjorie Dunlap and former Dean Helen Nahm were awarded Recognition for Leadership in Continuing Education in Nursing.

At the same Conference, Maura C. Carroll, Coordinator of Continuing Education in Nursing and Alice I. Ingmire, Professor Emeritus, were designated Honored National Leaders in Continuing Education in Nursing.

Dr. June T. Bailey has been appointed Assistant Dean of Academic Affairs, School of Nursing for the period January-June 1975. She will assume the responsibilities of Mrs. Marjorie Newton who will be on sabbatical.

Since 1971 Dr. Bailey has been director of a study concerning the use of computer simulation techniques for decision making in health care delivery. Her career at UCSF include two years as Acting Dean after the death of Dean Troy in 1955; Acting Assistant Dean under Dean Nahm; and Coordinator of Nursing Service/Nursing Education.

The National Kidney Foundation presented to Dr. Malcolm A. Holliday, Professor of Pediatrics at UCSF and Director of the Pediatric Renal Program, the Foundation's Distinguished Service Award during the annual meeting. The award was given to Dr. Holliday . . . "in recognition of his unrelenting efforts on behalf of the Foundation, in helping it to meet its commitment to the American public and insuring the delivery of the highest quality health care to all kidney patients."

Pharmacy Award

At the recent meeting (October 16-18, 1974) of the 13th Pacific Coast Conference of the California Spectroscopy Society and the Tenth Western Regional Meeting of the American Chemical Society, the Spectroscopy Society introduced the Louis A. Strait Award in recognition of outstanding achievements in spectroscopy. The award was a two-inch silver medal with a profile of Louis A. Strait, who received the first award for his service to the Society and for his pioneer contributions in applications of spectroscopy to biology and medicine and pharmaceutical chemistry.

Dr. Louis A. Strait is Emeritus Professor of Biophysics and Pharmaceutical Chemistry. He was founder and director of the Spectrographic Laboratory on the San Francisco campus until his retirement in 1971.

The Award will be presented biennially in recognition of contributions to the science of spectroscopy.

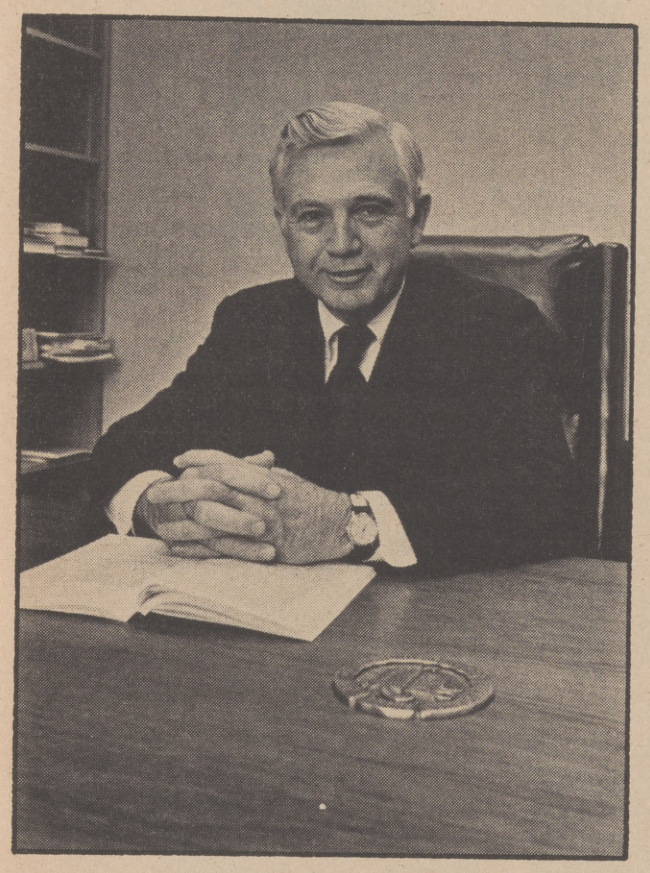
Students Need Jobs

Jobs for students are needed the year round. Hire a student to help clear up the backlog in your department or for vacation replacements.

Both Work-Study and non-Work-Study students are available.

For further information call 666-4111 or write Student and Career Placement, 1379 Third Avenue, San Francisco, CA 94143.

Memo



Seven institutions of higher learning are members of the San Francisco Consortium, which was initiated several years ago. It has been and continues to be an excellent instrument for cooperation among educators in San Francisco.

With the beginning of the Fall semester this year, students may take courses at any Consortium member institution and receive academic credit at the institution in which they are enrolled. This kind of cooperation, now possible because of the Consortium, will greatly enlarge options for many areas of study.

Together, we can bring more to students and the citizens of this community than each of us can do separately: Faculties and facilities are available to a larger group and skills and knowledge are shared. Already, better education opportunities and more economical use of computer facilities have resulted from recommendations by a Consortium Committee on Computer Cooperation; its health services and educational activities program emphasizes the special health needs of minorities; and a Neophyte Nursing Project will coordinate nursing practice and education to improve mobility of the City's resources to meet community health needs.

UCSF is proud to be a member of the Consortium, which includes City College, Golden Gate University, Hastings College, Lone Mountain College, San Francisco State University, and University of San Francisco.

Francis A. Sooy, M.D., Chancellor

Communities

The Irwin Blood Bank

Fifty-five Northern California hospitals, including UCSF's Moffitt and University of California Hospitals, receive their total blood supply from Irwin Memorial Blood Bank of the San Francisco Medical Society.

To meet this need, it takes 8,500 units (or pints) of blood given each month by volunteer donors having each of the eight basic blood types occurring in the population . . . as well as rare blood types when needed by patients.

Blood is a perishable, living tissue, and many medical and surgical procedures (including open heart surgery and organ transplants) require very fresh, specially processed blood.

To make it convenient for donors to give, Irwin Blood Bank at 270 Masonic Avenue, is open seven days a week and most holidays. In addition, the Blood Bank's mobile units are constantly in operation, collecting blood from donors in a variety of community locations in the eight counties the Blood Bank serves. (Mobile blood drives are held on the UCSF campus several times a year.)

Despite these efforts, only 5 percent of the eligible population gives blood in this area. It takes a massive public education program to convince others that voluntary blood donations are the best source of a safe, economical, community blood supply.

Operating San Francisco's nonprofit community blood bank is an awesome job. Many medical, technical, and administrative personnel have a role in holding it all together, but one individual, above all, has been the guiding force behind the Blood Bank for three decades.

She is fragile looking, exquisitely feminine – and indefatigable – Bernice M. Hemphill, the Blood Bank's Managing Director. A native San Franciscan, Mrs. Hemphill is the wife of Dr. Charles D. Hemphill, Associate Clinical Professor at the UCSF School of Dentistry.

In addition to serving as the Blood Bank's Director, almost since its inception, Mrs. Hemphill was the originator of the National Clearinghouse Program of the American Association of Blood Banks, which she directs from its national headquarters located at Irwin Blood Bank.

The Clearinghouse program, which financial columnist Sylvia Porter has called "one of the nation's most valuable banking systems" makes it possible for a donor to give blood at his local blood bank and request the transfer of a replacement credit to the hospital account of a patient receiving blood almost anywhere in the United States. It's like writing a check on your bank for a deposit in a distant community. The Clearinghouse also makes it possible for blood banks with surpluses to lend to those with shortages, helping to conserve precious blood supplies.

In 1949, Bernice Hemphill was elected Treasurer of the American Association of Blood Banks, the world's largest organization devoted exclusively to banking and related areas. She has held this position successfully until this year. Through membership on the AABB Executive Committee and her active role on many AABB committees, Mrs. Hemphill has been a leading advocate of the voluntary system of blood banking in the United States.

She is listed in Who's Who of America, was named a Bay Area Distinguised Woman by the San Francisco Examiner in 1960, and in the same year was honored with the AABB's John Elliott Memorial Award for distinguished service.

Her crowning achievement was her election this November 12 as President-Elect of the AABB. As the first woman, and the second non-physician to be so honored in the Association's 27 year history, Mrs. Hemphill will take office as AABB President late in 1975.

Bernice Hemphill has a global perspective of blood banking. At her own expense, she has traveled extensively in South America, Europe, the Soviet Union, the Middle East, and even the People's Republic of China, to study blood banking and health care systems. She has made some of these trips in recent years with members of the American Women for International Understanding, an organization of professional and community leaders, of which she is President.

Although criticism has been leveled at some blood banking practices in this country, overall, no blood system in the world has done more to advance the quality of transfusions, according to Mrs. Hemphill. "Our greatest strength lies in diversity and competition—as opposed to a monolithic blood banking system—and in the contributions of countless individuals, who have worked voluntarily through AABB to raise standards and further the science and technology of blood banking and transfusion service."

Irwin Memorial Blood Bank has had much to gain from the broad interests and activities of its Director. The Blood Bank began operation in 1941 in the basement of the former Irwin family mansion on Washington Street. It moved into a new building at its present location in 1955. In 1971, a major building expansion program was completed at this site, making Irwin Memorial one of the country's outstanding community blood banks.

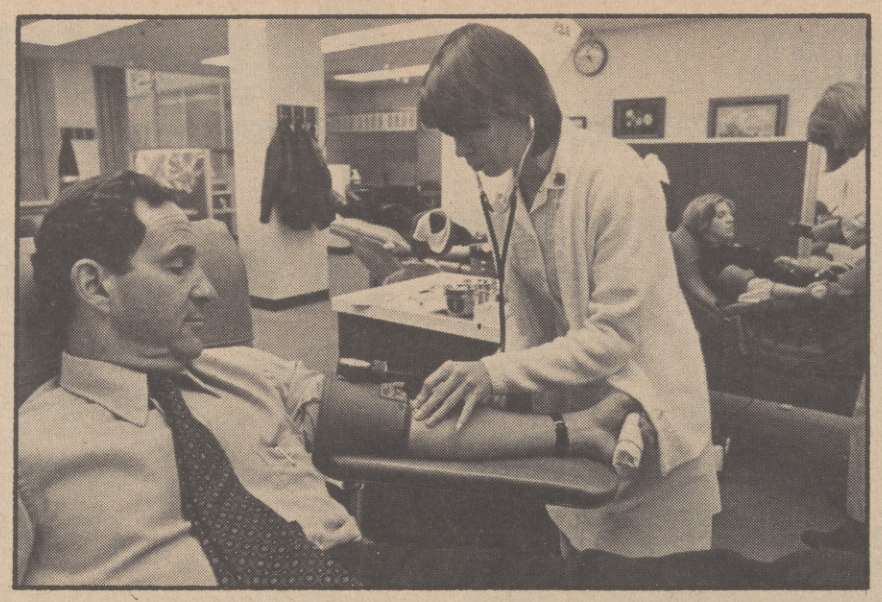
In addition to the modern donor facilities and laboratory, the Blood Bank maintains a research department, whose Director Dr. Herbert C. Perkins is also a UCSF Clinical Professor of Medicine. The major focus of research is on histo-compatibility testing, or tissue typing, which aids in the selection of donor organs for transplantation. The research laboratory works closely with the UCSF Kidney Transplant program.

Significantly, it all began with blood transfusions, which were actually the first human tissue transplants. And without blood donors to share the "gift of life", there would *be* no transfusions.

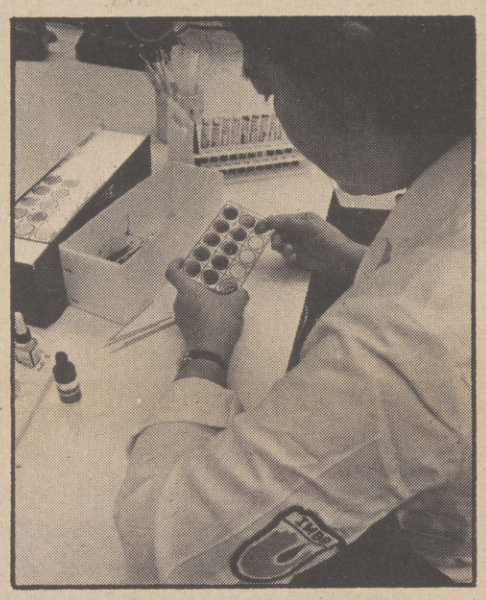
Donating blood is safe and practically painless, and most healthy adults can give as often as four times a year. If you aren't a voluntary blood donor, why not visit the Blood Bank soon?

Claire Wray

Mary Myre, R.N., takes donor's medical history, checks pulse, temperature, and hemoglobin level prior to donation.

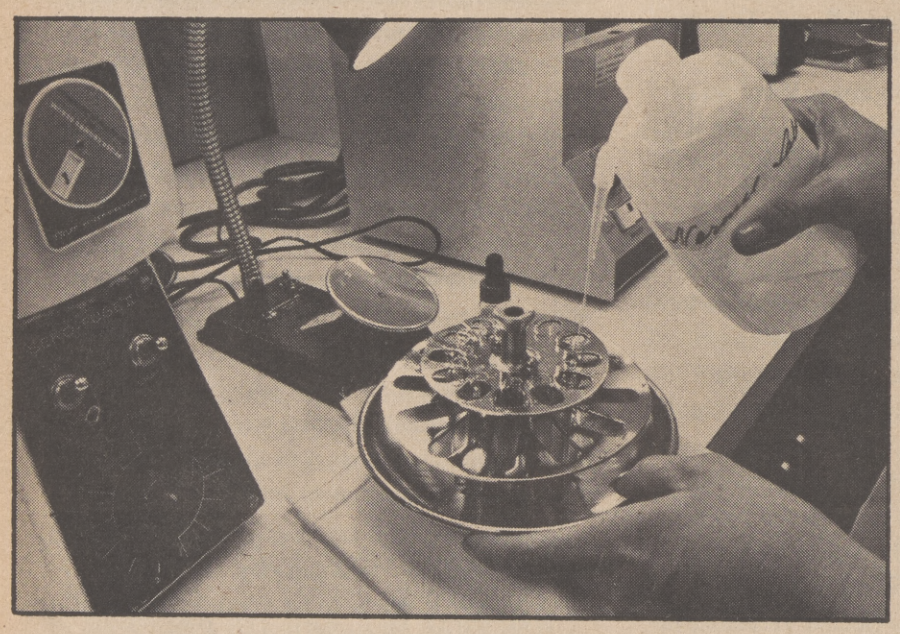


The donor's blood pressure is also taken. Frances McCarthy, R.N., in donor booth with Stephen Varnhagen, left, and in background is donor Lucille Applegate.



To assure safe transfusions, several tests are performed on each unit of donor blood before it is dispensed by the Blood Bank. Here Technologist Betty Wong determines the Rh factors of blood samples. Another test is performed to verify the blood type.

Donor blood is screened for antibodies.

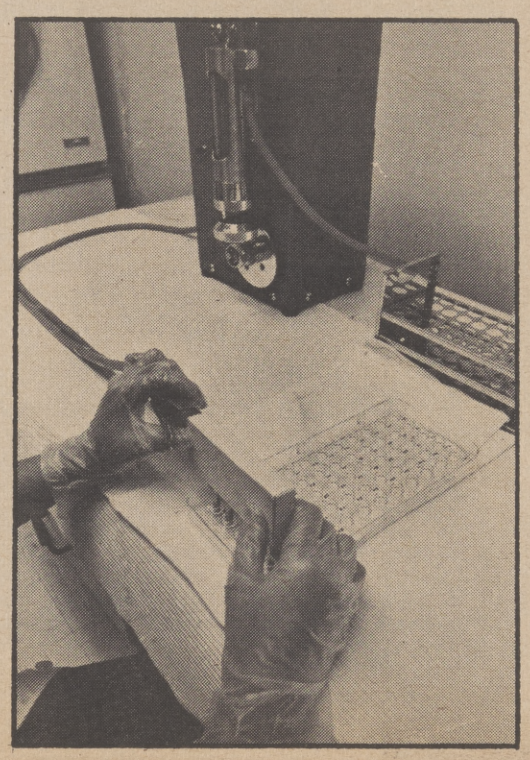


Red blood cells are washed for the anti-globulin test.

Virginia Eugenio prepares pilot tubes for processing.

THE IRWIN BLOOD BANK

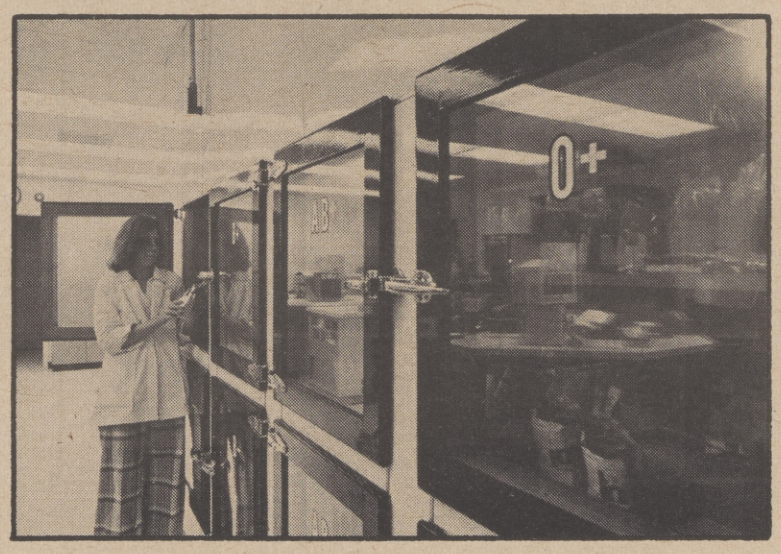
Bernice M. Hemphill, Executive Director of Irwin Memorial Blood Bank, has just been named President-elect of the American Association of Blood Banks.



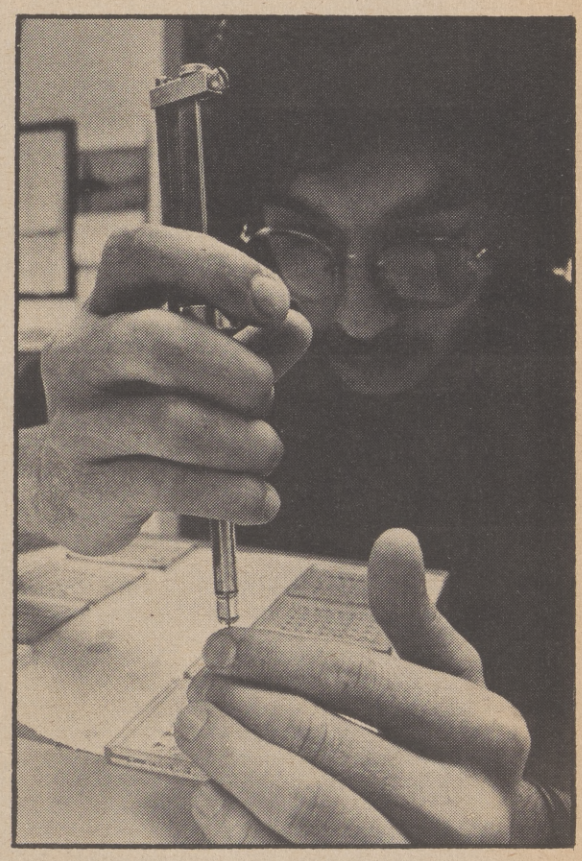
All donor blood is screened for the Hepatitis B Antigen, a precaution to prevent the spread of serum hepatitis through transfusions.

Photos by Tom Walters

Richard Lee segments tubing on the blood bags.



Tere Fox at the Blood Bank's walk-in refrigerator where units of blood are stored according to type and Rh factor.



In the Blood Bank's research laboratory, Louis Schreck performs screening test for white cell antibodies.

Auxiliary

Meditation Room Space

The Meditation Room will soon become a reality at UCSF. Space has been allocated for it on the eighth floor of Moffitt Hospital. A small office will adjoin the main area so that consultations may be held without disturbing any person in the larger room.

Chaplains, physicians, nurses, and other hospital personnel have long been acutely aware of the need for a private spot where patients and family members may go during times of crisis or when long vigils are kept.

Auxiliary President, Mrs. Kay Audy Wells, and Board Members are currently reading architectural blue-prints by Mr. Suheryl Atil, and reviewing interior decoration schemes by Mr. Ernie Young. Presentations were made during the November 13th Auxiliary Board meeting.

"The Meditation Room," explains Mrs. Wells, "will be designed around a non-denominational theme. It is intended to provide an oasis of peace where people of any belief may be comfortable."

Located on the north side of the Moffitt Hospital building, the Meditation Room will have a view of the Golden Gate and the hills of Marin. Furnishings will include chairs, lamps, benches, and art objects. The schedule has March or April as the target date for completion of this new accommodation for people who are faced with the kinds of human problems associated with illness or loss of family members.

It is hoped, also, that artifacts will be available to permit religious services of any denomination on special occasions.

Approximately $8000 has been raised by the UC Hospitals Auxiliary to initiate the Meditation Room. A total of $15,000 will be needed to complete the project.

"Especially at this season of the year," notes Mrs. Wells, "there is the opportunity to contribute to the Meditation Room Fund in a gift to honor the person who has everything, or as a special memorial or token of appreciation."

"The furnishings will be coordinated with the total design scheme," she adds, "donations for purchase of specific items can be designated and a memorial plaque will acknowledge the donor."

"There will also be need, of course, for a continuing fund to provide flowers and plants," she notes.

A separate memorial fund for the late Dr. Ralph Audy will be used for either a painting or a stained glass window to be incorporated into the interior design.

The highly successful Musical Evening held last March at Forest Hills Club House was a major fund raising event specifically for the Meditation Room. Preparations for another musicale are being made by a committee that includes Mrs. Shelley Hutchins, Mrs. Barbara McCormick, Mrs. Susie Mumford, Mrs. Kay Wells, and Mrs. Florence Witter.

The evening of music, again planned for late March, will be arranged by Dr. Ephraim Engleman, Professor of Medicine at UCSF and an accomplished violinist.

Donations to the Meditation Room Fund are tax deductible. Checks should be made payable to the UC Hospitals Auxiliary and sent to Moffitt Hospital, UC San Francisco, San Francisco, CA 94143.

President to Leave

Mrs. Kay Audy Wells, serving her third term as President of the Auxiliary is resigning. President-elect, Mrs. Shelley Hutchins, has asked Mrs. Wells to continue in office through December.

Recently married to Dr. Charles Wells, Kay Wells will leave for England next January where she and her husband will live permanently in Sussex.

Needed

Any kind of yarn for knitting and crocheting . . . especially yarns suitable for slippers and for doll clothes.

* * *

Knitting needles and crochet hooks are welcome, also, for patients who become interested in doing hand-work.

* * *

Miniature jig-saw puzzles are particularly useful because they fit on a bed-tray. The Volunteers Service Office would appreciate receiving these small puzzles that can be used by patients who must remain in bed.

* * *

Volunteers Feted

The annual Recognition Program for the friends and neighbors of UC who are Volunteers was held November 21st at University House. Each year members of the Volunteer Service are feted by the Office of Volunteer Services.

Director of Volunteer Services, Betty Cunningham, finds it difficult to express fully the appreciation deserved for the many hours of service given by the Volunteers to help those who are hospitalized at UC and Moffitt Hospitals. "They are the most marvelous people" says Mrs. Cunningham.

"There are young people who come mostly during summer months (but some remain throughout the year helping in research areas); and men and women who are here month after month who make life more comfortable for patients and staff. They read to patients, help feed children, assist in surgery, X-ray, and the Emergency Room, make puppets, sew and knit doll clothes for the children's unit, operate a lending library for patients . . . and the list goes on and on!"

Recognition this year is given to:

2000 Hours

Betty Austin	Henry Korte
Marcia Holcomb	Alice Lloyds
Mary Kane	Sally Weiss

1000 Hours

Harriet Fox	Claire Liska
Enny Gehlert	Ethel McCabe
Edna Hough	Barbara Pettit
Vera Kuntz	

AUXILIARY MEMBERSHIP

application

U C HOSPITALS

Fill this out and Mail to:

Moffitt Hospital, U.C. San Francisco 94143

NAME_____

ADDRESS_____

Types of Membership:

ACTIVE .....$10 per year	CONTRIBUTING ...$25 per year
ALUMNI .....$10 per year	SUSTAINING .....$50 per year
VOLUNTEER (those active in volunteer service at UC Hospitals) .....$2 per year	PATRON .....$100 per year
	SPONSOR .....$150 or more per year
STUDENT (open to all students and their spouses) ...$2 per year	LIFE $500

Membership is tax deductible

500 Hours

Jose Avila
Arthur Beckert
Rachel Borst
Catherine Christie
Gregory Gardner
Adeline Ovalle
Emily Owyang
Vera Trezise
Sylvia White

100 Hours

John Bittle
Emma Borg
Mary D. Carpenter
Terri Cukjati
Jenny Davis
Maria De Jesus
Winifred Doran
Josephine Exon
Hazelle Jones
Ana Kernich
Ruth Kim
Helga Linkey
Fermer Lloyd
Anne Marks
Christine Murphy
Marilyn Olson
Claire Sapiro
Dorothy Sayre
Phyllis Schooley
Alice Sobel
Shannon Sweet
Margaret Tunney
Anne Wenegrat
Grace Whitney
Linda White

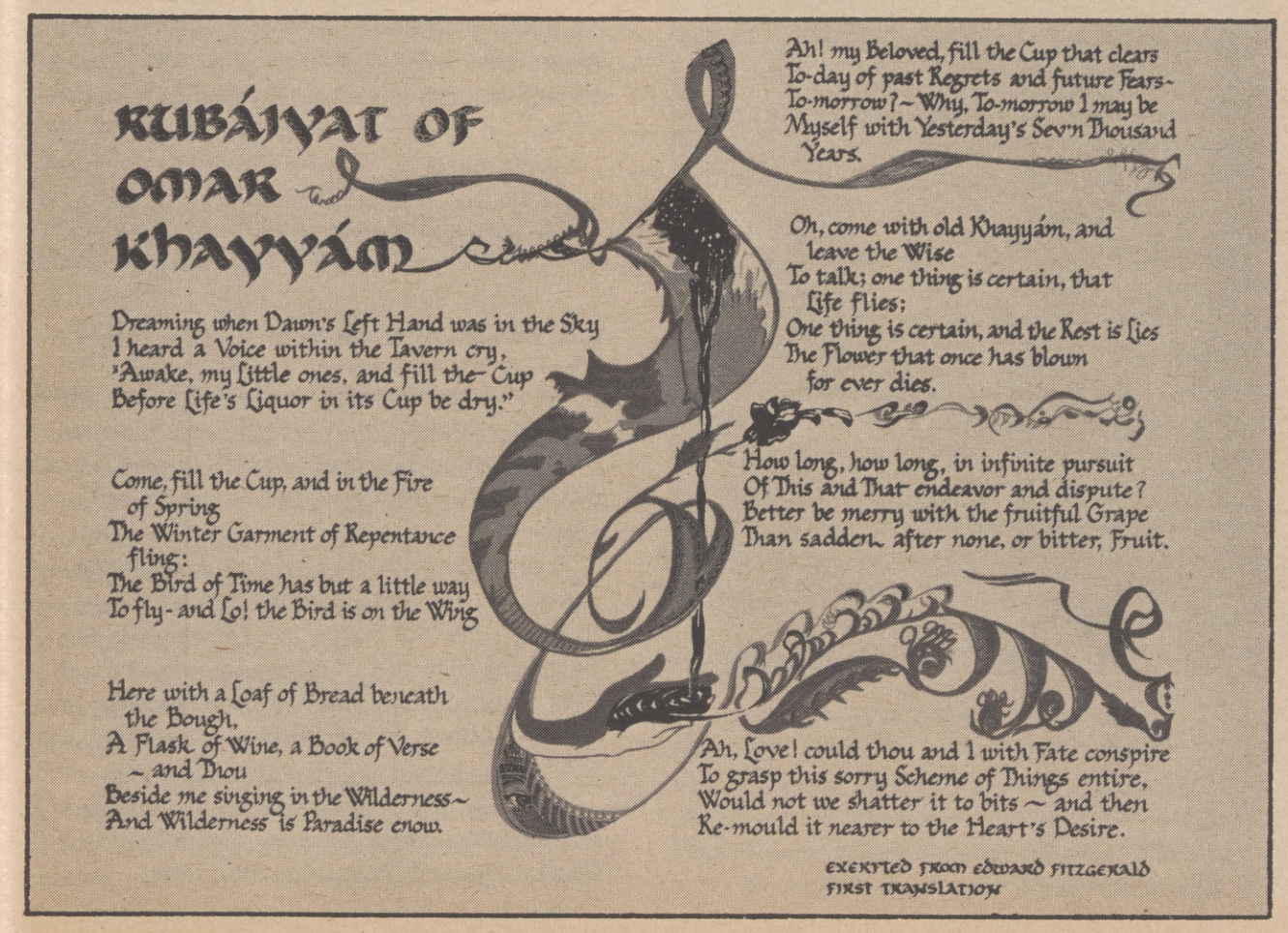
Art Committee Sale

The annual Christmas art show and sale, sponsored by the Art Committee of the UC Hospitals Auxiliary, will feature the works of ten or more Bay Area artists. Included in the works to be exhibited in the lobby of Moffitt Hospital are a collection of hand-lettered and decorated scrolls by Bill and Vivi Farnan of Farnan Studios, San Francisco. Their framed calligraphy depicts quotations from familiar poems, books, and historical documents. Also on display will be colorful, whimsical acrylic paintings by the French artist, Monique Classman, which resemble enamel on copper; miniature oils by Renaldo Guerrero and Dan Fiddler, both talented UCSF employees, and handprinted wall-hangings with bold designs by Lars and Sigrid Hawkes. There will be batiks and tie-dyed fabrics by Wendy Kashiwa; photos by Rick Preston, and much, much more.

A special feature of the Christmas art boutique this year will be a selection of rare botanical prints donated by Mrs. William B. McCormick of the Auxiliary Board. Works are priced in the gift-giving range of five-to-fifty dollars, with proceeds going to the Auxiliary's fund for special art projects, such as pictures for patients' rooms. Last year's proceeds went to the Auxiliary's Meditation Room Fund, to be used for a stained glass window or other work of art to be hung in the Meditation Room.

The art show, which opened November 18, will continue throughout the holiday season.

Mrs. Barbara McCormick, Chairman of the Auxiliary's Art Committee, encourages everyone to . . . "think of the Auxiliary's art boutique when going over your gift list. A handsome painting, scroll, photo, or fabric wall-hanging makes an imaginative and welcome gift".


RUBÁIYAT OF OMAR KHAYYÁM
Dreaming when Dawn's Left Hand was in the Sky
I heard a Voice within the Tavern cry,
'Awake, my Little ones, and fill the Cup
Before Life's Liquor in its Cup be dry."
Come, fill the Cup, and in the Fire of Spring
The Winter Garment of Repentance fling:
The Bird of Time has but a little way
To fly - and Lo! the Bird is on the Wing
Here with a Loaf of Bread beneath the Bough,
A Flask of Wine, a Book of Verse - and Thou
Beside me singing in the Wilderness -
And Wilderness is Paradise enow.
Ah! my Beloved, fill the Cup that clears
To-day of past Regrets and future Fears -
To-morrow? - Why, To-morrow I may be
Myself with Yesterday's Seven Thousand Years.
Oh, come with old Khayyám, and leave the Wise
To talk; one thing is certain, that Life flies;
One thing is certain, and the Rest is Lies
The Flower that once has blown for ever dies.
How long, how long, in infinite pursuit
Of This and That endeavor and dispute?
Better be merry with the fruitful Grape
Than sadden after none, or bitter, Fruit.
Ah, Love! could thou and I with Fate conspire
To grasp this sorry Scheme of Things entire,
Would not we shatter it to bits - and then
Re-mould it nearer to the Heart's Desire.
EXERPTED FROM EDWARD FITZGERALD FIRST TRANSLATION

Calligraphy by Farnan Studios

Child Abuse Council Works With Community

Although it is only one year old this month, the San Francisco Child Abuse Council has made impressive strides in its effort to coordinate community programs on behalf of the battered child.

The city-wide Council is funded under a three-year grant from the Rosenberg Foundation to Dr. Moses Grossman, UCSF Professor of Pediatrics and Chief of the Pediatrics Service at San Francisco General Hospital. Staff Coordinator of the Council is Michael Joan Schwartz and Associate Coordinator is James B. Garrison. Council headquarters are at 1304-A Castro Street.

Child abuse is a legal, medical, and social problem. It is defined in the California Penal Code as "physical injury or injuries which appear to have been inflicted on the child by other than accidental means by any person." The Penal Code also mandates reporting suspected cases of child abuse to police and juvenile probation authorities for investigation and possible action. Reports to the Public Health Department and Department of Social Services are referred to the police and juvenile probation officials.

A basic tenet shared by most professionals in the field is that, whenever possible, abusive families should remain intact, with protection provided to the child and treatment to the parents.

Dr. Grossman reports that one of the most important achievements of the San Francisco Child Abuse Council has been the creation of the Multi-Disciplinary Committee. This Committee is composed of a pediatrician, nurse, social worker, police representative, parent, therapist, and an attorney-juvenile probation consultant . . . each with special knowledge of child abuse.

The Committee is divided into two segments, each of which meets weekly to discuss and make recommendations on presentations, arranged by the Council staff, on actual cases. All persons involved with an abusive family are invited to present information at these meetings. As of November 5, 1974, thirty-two cases had been discussed involving over 60 children. Most case referrals have come from the Juvenile Probation Department; others have originated with UCSF Medical Center, San Francisco General Hospital, Children's Hospital, physicians in private practice, and others. The Multi-Disciplinary Committee is recognized as an advisory body on child abuse by both the Judge of the Juvenile Court and the Chief Probation Officer of the Juvenile Court.

Following each Committee meeting, written recommendations are distributed to all active participants in each child abuse case, such as social workers, police and probation officers, public health nurses, etc. To preserve confidentiality actual names of abusive families are withheld from written documents. In addition to the Multi-Disciplinary Committee activities, individual consultation with the Council staff is encouraged.

The experience of the Multi-Disciplinary Committee has demonstrated the value of a full exchange of information and ideas among professionals con-

cerned with child abuse cases. This professional team approach brings the complex problems and needs of abusive families into sharper focus; also, through the Committee's work, concrete ideas are emerging about the kinds of treatment and services needed in the community, and how the Council can help to coordinate existing services.

A demonstration of a typical case consultation by the Multi-Disciplinary Committee was one highlight of the recent San Francisco City Conference on Child Abuse. The meeting, co-sponsored by the San Francisco Child Abuse Council and the Mayor's Criminal Justice Council, brought together 135 persons concerned with the problem.

Another significant accomplishment of the Child Abuse Council is the proposed T.A.L.K. line (Telephone Aid in Living With Kids). This project is supported by a grant from the San Francisco Junior League to establish and maintain a 24-hour telephone line for parents who are having troubles which may result in harm to their children. The line is scheduled to open in December 1974 when the first class of more than 50 volunteers will graduate from an intensive 10-week training course. A component of this program is a Speakers Bureau, also sponsored by the Junior League.

In addition to the Multi-Disciplinary Committee, staff consultation in child abuse cases, and the T.A.L.K. line, the Council is active in promoting legislation and participates with representatives of six other Bay Area counties in periodic meetings to exchange information on new developments in this field.

Members and staff of the San Francisco Child Abuse Council are available for presentations and panel discussions to schools, professional and community groups, and the communications media. For information, those interested may phone the Council at 647-4576.

Claire Wray

Prisoner's Health Project Funded

Introducing health care delivery at City Prison and the County Jail is the purpose of the new Prisoner's Health Project, based at San Francisco General Hospital. The program is funded under a $230,000 one-year grant, awarded through Dr. Francis J. Curry, Director, Department of Public Health, by the Department of Health, Education and Welfare.

The lack of adequate health care facilities in the San Francisco County jails has been under attack for years. In March 1973, the problem was officially recognized following a class action suit brought by former inmates, when Federal Judge Robert Schnacke ruled that confinement in the County Jails constituted "cruel and unusual punishment and was in violation of Constitutional rights."

Director of the new Health Project is Dr. Richard Fine, UCSF Assistant Clinical Professor in the Departments of Medicine and Ambulatory and Community Medicine at SFGH. Dr. Fine is also the Medical Coordinator of the hospital's 10-bed Security Ward, opened in 1973 for seriously ill prisoners requiring hospitalization. Prior to that time, a guard was required 24 hours a day for each hospitalized prisoner.

Assistant Administrators of the Prisoner's Health Project are Attorney Brian Glick and Dr. Paul Lowinger, of the UCSF Department of Psychiatry. The program has a 16-member staff, hired through UCSF, and made up predominantly of ex-prisoners. A Community Board, headed by Belinda Booker, includes representatives of the Department of Public Health, the Police Department, Sheriff's Department, and the Northeast Mental Health Service Criminal Justice Unit. Six ex-prisoners hold membership on the Board.

According to Dr. Fine, the HEW grant for the Prisoner's Health Project represents an important step in the long-range effort to obtain decent health care service in the jails, with assurance of adequate, permanent funding by the City.

Dr. Fine described these current targets of the Prisoner's Health Project: "We plan to establish, for the first time, a health screening unit at the jails. This service will identify health problems, including communicable conditions, at points of intake, and provide a means of recognizing those prisoners in need of further health evaluation. Patients will be referred to the jail physicians or to SFGH for inpatient and specialty care.

"Another priority is an expanded mental health service for prisoners at the jails and at the hospital. Although some psychiatric service has been available at the jails through the Criminal Justice Unit of the Northeast Mental Health Service, it has been limited because of understaffing. The only alternative for many disturbed prisoners has been treatment at Napa State Hospital, and cutbacks in State funds for mental health have forced some patients to remain without treatment in the jails. An inpatient Psychiatric Unit on Ward 54 at SFGH will be the initial step in remedying this problem."

An important goal of the Prisoner's Health Project, added Dr. Fine, is a social service outreach program to meet day by day personal needs of prisoners and their families and to cordinate other community "helping hand" programs for prisoners. "We are also organizing a confidential medical information system, to be maintained cooperatively by the two jail sites and San Francisco General Hospital, providing prompt access to medical records of prisoners."

With the opening of the new San Francisco General Hospital in 1975, the Security areas will be expanded to include between 24 and 36 beds, depending upon the need for acute care and psychiatric service for prisoners. Approximately 56,000 persons are arrested in San Francisco each year, and 1,200 to 1,400 are in the County jails at any one time.

Claire Wray

Appointment

E. Kolsanoff

Willard Harris, R.N., M.S., Associate Director, Division of Outpatient and Community Services, SFGH, has been appointed an Associate Clinical Professor in the Department of Family Health Care Nursing, UCSF School of Nursing.

Mrs. Harris, who joined the staff of SFGH in September 1972, was formerly director of Nurses at Mount Zion Hospital and Medical Center. Before that, she was a member of the Consultant Division, Public Health Nurse Staff, New York City Health Department. She received her Master's Degree in Nursing Administration from New York University.

Mrs. Harris' affiliations include membership on the Board of Directors, District 9, California Nurses Association; in Sigma Theta Tau National Honor Society; and Black Women Organized for Action.

Christmas is for Everyone

To make sure that no patient at our City-supported hospital is forgotten on Christmas, the Volunteer Auxiliary to San Francisco General Hospital is making a community-wide fund appeal during the holiday season.

A colorful mailing piece, radio and television spot announcements, and other publicity will carry out the theme: "Let's Not Forget . . . Christmas Is For Everybody." The project is being coordinated by Mrs. John Ward Mailliard III, Auxiliary President; Mrs. John W. Abbott, Benefit Chairman; and Mrs. Allen E. Charles, Patron and Sponsors Chairman.

Tax-deductible donations in any amount may be sent to the Volunteer Auxiliary to San Francisco General Hospital, Post Office Box 40910, San Francisco, CA 94140.

Hospitals and Clinics: Synergy

Health Problems Related to Work

Many persons seeking medical care complain of vague physical symptoms such as nervousness, weakness, fatigue, insomnia, and various aches and pains for which no organic cause can be found. Others are afflicted with clearly defined illnesses, such as diabetes, which worsen when not treated.

"Often, the only effective treatment for those with general symptoms is to deal with both the physical and emotional aspects of the person's daily life, within the context of his family, the community, and his job," says Carroll M. Brodsky, M.D., Professor of Psychiatry and Director of the UCSF Ambulatory Psychiatric Service.

"In the long run," Dr. Brodsky adds, "treating the 'whole patient' is the least wasteful, most humane approach to medical care. If it is to be put into practice, medical and other health science students must have exposure to this idea as part of their education."

These convictions, reinforced by a decade of studies of patients with work-related disabilities, led Dr. Brodsky to organize the interdisciplinary "Work Clinic" conducted once weekly at UCSF since August, 1973, as both a patient care and teaching program.

The clinic sees a limited number of patients, referred primarily by the Comprehensive Medical Clinic, where they have come ostensibly for diagnosis and treatment of physical problems. The fact that they also have work related problems, such as difficulty in finding, or holding a job, or getting along at work, is disclosed in the course of the medical evaluation.

Once such a patient is referred to the Work Clinic, it usually takes an extraordinary combination of expertise to unmask the problem. Experience has demonstrated that no single discipline has the skills, resources, and outlook to effect a permanent "cure." Thus, members of the team include specialists in psychiatry, clinical psychology, vocational rehabilitation, public health, internal medicine, orthopedic medicine, and physical rehabilitation.

The patient is initially interviewed in depth by one member of the team, usually a vocational rehabilitation counselor. This interview is recorded on videotape, then viewed and discussed by the whole group. Based on the interview, the patient is scheduled for further evaluation, including more physical examinations if indicated, a psychiatric examination in most cases, and extensive psychological testing to determine intellectual strengths and weaknesses, intelligence, attitudes, and problem solving ability.

The case is reviewed once again, and the patient is invited to meet with the group and participate in planning a course of action.

"From this point on, the most important thing we do is to refuse to accept failure," says Dr. Brodsky. "We keep the patient on our 'radar screen' indefinitely, so to speak. We do everything we can to help the patient move vertically or laterally within the organization, to take appropriate training, or find a job that meets his needs."

With persistence, the Work Clinic has managed in the few months of its existence, to get one-half its patients satisfactorily back on the job. The clinic has helped men and women representing the entire educational and occupational spectrum, from Ph.D.'s to persons with little or no formal education. What most of them have in common is an inability to cope with a particular set of circumstances and stresses.

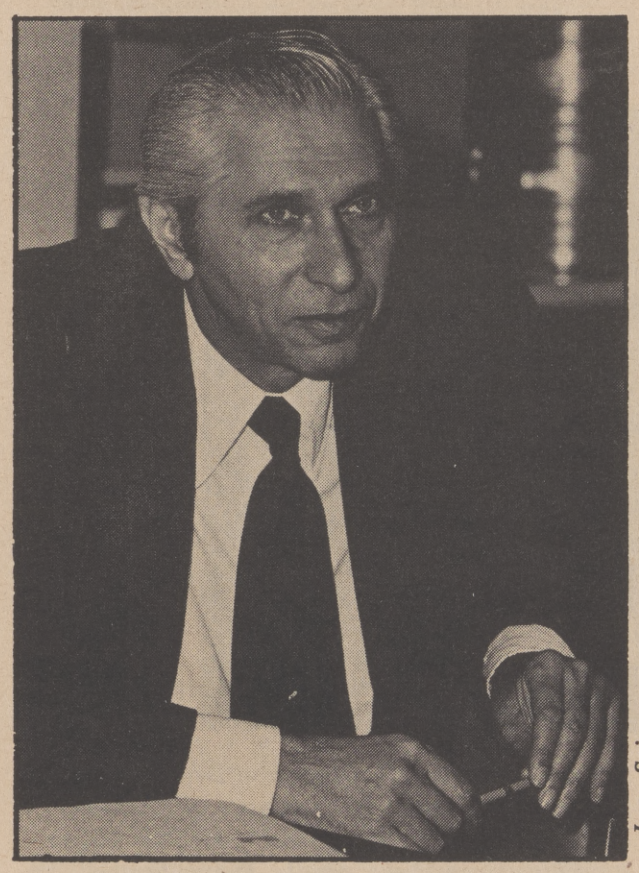
For instance, a skilled craftsman, nearing retirement age, finds it increasingly difficult to compete with younger workers on a job requiring stamina and physical dexterity . . . A bright, ambitious, but unrealistic young employee of an advertising agency is out of her depth in a job for which she lacks experience and training.

The skilled craftsman suffers from low back pain, and has become accident prone. The young woman complains of dizzy spells which cause her to be frequently absent from her job.

"Actually, each of these persons is overwhelmed by, and lost, in 'the system.' The evaluation and treatment process is long and complex. We have found there is no shortcut to helping the patient with his work problems," according to Dr. Brodsky.

This program, with its unusual potential for salvaging lives, represents a tremendous investment on the part of the specialists who make up the interdisciplinary team. In addition to holding regular faculty appointments in their respective departments, each gives his or her time to participating in the Work Clinic because of interest in the project and especially in the relationship of work and health. Medical students, nursing students, and house staff have participated in the seminars based on the work of this group. Retirement boards, large industrial organizations, and state agencies have requested collaboration with the program.

Claire Wray



Juan Sainz

Dr. Carroll Brodsky and a group of between ten and twelve health professionals volunteer services for the Work Clinic. They meet at eight o'clock every Thursday morning at UCSF. Together, they try to resolve employment situations that may affect the patient's general health, as well as any specific condition or complaint.

Operation Triage

A disaster drill will be held January 28th at UCSF to simulate services that would be needed in the event of a major fire, earthquake, or other catastrophe. The drill will start at 1:30 that Tuesday afternoon.

Coordinating the emergency services that would be available to the Community at UCSF should a real catastrophe occur, is Dr. John E. Conte, Jr., Director of Emergency Services, Moffitt Hospital. Joining in the drill will be members of both the San Francisco Fire Department and the Police Department, the U.S. Army Disaster Corps, the Irwin Memorial Blood Bank, the Red Cross, and other local agencies.

Dr. Conte believes it important that people at the San Francisco Medical Center and those in the neighborhood be aware of this disaster drill. Ambulances, fire trucks, and police cars will speed toward Parnassus Avenue and a temporary traffic situation may result. Patients and their families will be advised of the drill.

"Victims" with realistic appearing injuries will include fifty "seriously injured" and about 200 "minor casualties." The U.S. Army Disaster Corps specializes in theatrical make-up simulating wounds, shocks, and other conditions that result from various kinds of trauma. About 200 "bystanders" will be included as part of the emergency scene.

Dr. Conte explains the value of this dress-rehearsal for disaster: "Accidents, fires, occasions where there are injured people, always draw crowds. In a major catastrophe not only must the physically wounded be treated but other factors must be considered: crowd control, maintaining good communication between victims and their families, among the staff, and between the institution and the public through electronic and print media; and coordinating the logistics of support activities."

The January 28th drill, referred to as "Operation Triage," will be divided into areas that include a manpower pool, an information center for the public in Millberry Union, and a media information center.

The main area for receiving injured persons, designated Triage Area I, is to be located in the Medical Sciences Lobby. It will have a special unit for children. Triage Area II is X-Ray on the third floor of Moffitt Hospital. Other key locations are the Chancellor's Office (118 Science) as Control Center for the entire campus; first floor east of the Ambulatory Care Center (new Clinics building) for receiving and treating the injured who are able to walk; Media Information Center (115 Science);

Surgery; the Power House; the Morgue, and other areas which may be designated at the time of an actual disaster.

During "Operation Triage" individuals with two-way radios will be stationed at key locations to provide communication between their area and the Coordinating Center located in Moffitt Hospital Administration Offices. At Cole Hall, a personnel pool will be organized as house staff, students, messengers, and others who do not have specific responsibilities report for assignments . . . all are encouraged to volunteer.

To prepare for "Operation Triage," departments at UCSF should refer to the Campus Emergency Operation Plan (in yellow binder) and or to the Hospital Plan. If you do not have copies, telephone Dr. Conte (Ext. 1312) or Mr. Fred Gallardo (Ext. 1511).

"Should a real disaster occur, comments Dr. Conte, "We want to be well prepared to serve the community."

Cordes Clinic Dedication

None of the more than 250 persons attending the October 31 dedication of the Frederick C. Cordes Eye Clinic at UCSF could fail to appreciate the fact that vision is one of man's most precious possessions. Setting for the mid-morning reception was the Eye Clinic itself, with seventh floor quarters in the new Ambulatory Care Center overlooking a panorama of magnificent views.

In one way or another, too, the lives of the majority of those present had been touched by the late Dr. Cordes, Chairman of the Department of Ophthalmology from 1934-59. Chancellor Francis A. Sooy, M.D., expressed it during the dedication luncheon when he said:

"So many of you here today can remember being taught by him, being a patient of his, or having benefited in some way from his service. From 1919 when he interned in the Eye Clinic, through his retirement as Chairman of the Department, and until his untimely death in 1965, he worked tirelessly for his department and clinic . . . He was one of a vanishing breed who, as a non-salaried faculty member, devoted a major portion of his professional life to furthering the objectives of his department. It was primarily through his efforts that this clinic grew to its present eminence."

(The Eye Clinic, which treats over 15,000 patients a year, is world famous for research and treatment of a variety of eye diseases and abnormalities, including glaucoma, retinal diseases, and uveitis, an inflammation of the iris and central portion of the eye.)

Members of the Cordes family who were honored guests included Dr. Cordes' daughters, Mrs. Gregory Stout, and Fauno Cordes; Frederick Cordes Stout, Jr., his grandson; Mrs. Herbert Cordes, his sister-in-law; and Herbert Klein, the former White House press secretary, a nephew of Dr. Cordes. Attorney David McDaniel, of the UC Board of Regents, and Senator Milton Marks were among other distinguished guests.

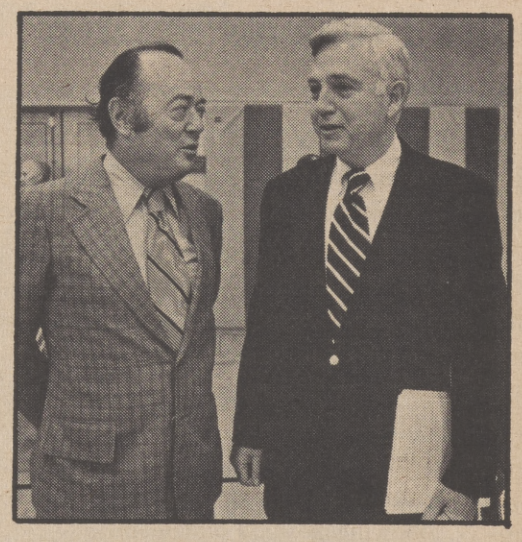
As a permanent tribute to Dr. Cordes, a bronze plaque was placed in the Eye Clinic. The inscription on it reads: "During a University career that spanned 40 years, Dr. Cordes labored to make the clinic the outstanding modern, eye-care facility that it is today. The University of California, San Francisco, gratefully acknowledges his significant contribution and dedicated service by naming the Cordes Eye Clinic in his memory."

Claire Wray

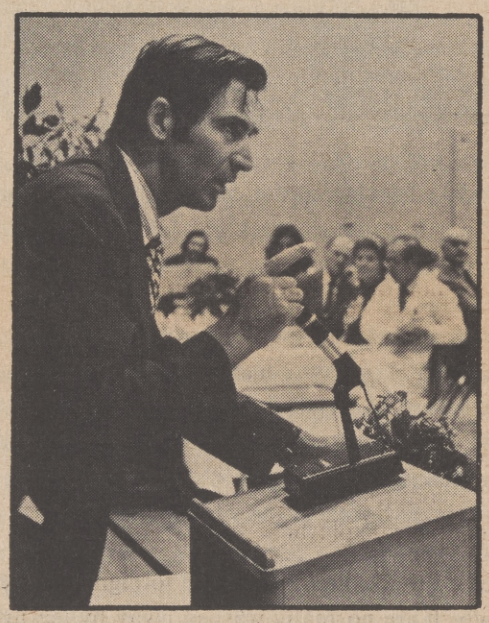
Regent David McDaniel was among the guests attending the opening of the Cordes Eye Clinic.

Mr. Paul Christopulos, Director of Development and Special Programs for the University of California (President's Office) (left), asks Dr. Michael Hogan to sign commemorative scrolls. The dedication ceremony was arranged by Mr. Christopulos, June Smith, and other members of the staff.

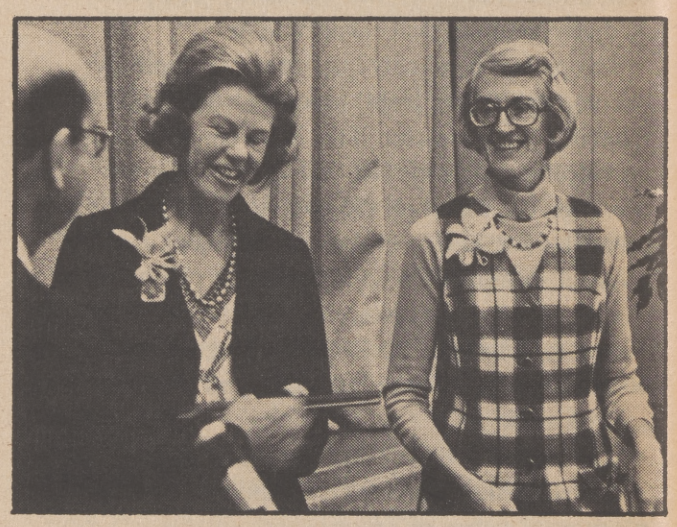
photos by Tom Walters



Senator Milton Marks (left) was greeted by Chancellor Sooy.



Dr. John N. Hetherington, Jr., spoke on behalf of the Cordes Society.



Commemorative scrolls were presented by Dr. Michael Hogan, Chairman of the Ophthalmology Department, to Mrs. Gregory Stout and Fauno Cordes, daughters of the late Dr. Frederick C. Cordes.

Contacts and Eye-Safety

Contact lenses are on an upswing of popularity and they are being worn by an increasing number of employees. Not many contact wearers or their supervisors realize the severe eye damage or permanent blindness that can result from their use in work environments where eye hazards are common., i.e., shops, laboratories, warehouses, production/ construction sites, etc.

The National Society for the Prevention of Blindness (NSPB) has become so concerned by the alarming number of reports of eye injuries involving contact lens worn in hazardous settings that it has issued the following position statement.

"Because of increased risk to the eyes, the NSPB strongly advises that the use of contact lenses of any type by industrial employees while at work should be prohibited, except in rare cases. The National Society recommends that any exceptions be verified in writing to the employer by the physician or optometrist who sanctions such use in a specific industrial environment. Contact lenses do not provide eye protection in the industrial sense; their use without eye and/or face protective devices of industrial quality should not be permitted."

Such accidents as the following have led to the NSPB's strong stand against the wearing of contact lenses in non-office work environments.

A worker exposed to an electrical flash from a short circuit had his contact lens fused to the cornea of his eye.

Another suffered irreparable eye burns before the contact lenses could be removed, following a chemical splash.

Still others have had small foreign particles, which are normally washed away by tearing, become trapped under their contact lenses, where they rubbed, scratched and cut the eyeball. Chemical fumes have damaged lenses, irritated eyes, and caused impaired vision or dislodged lenses by excessive tearing.

Suddenly impaired vision, resulting from accidental displacement or loss of a contact lens, has caused or contributed to injuries from operating machinery.

"Spectacle blue" (blurred vision that persists for as long as an hour after removal of contact lenses) has been implicated in accidents on the job and while commuting to and from work.

Contact lenses should not be worn in any work area where eye hazards exist. If contact lenses must be worn for specific sight problems, the wearer must obtain medical clearance, and his immediate supervisor be notified, prior to wearing these lenses in eye-hazards areas. He must additionally wear cover goggles or safety glasses with protective side shields over the contact lenses to provide protection for his eyesight.

Dr. Frank A. Gohr
Environmental Health & Safety Office

Phantom Fund Helps Students

The U.C. Faculty Wives are making a plea for their "non-event fund raising" for the student loan fund. In 1969 this service-oriented group started a major project which they call the Phantom Fund. Monies are made available through this fund to upper classmen in any of the Schools at UCSF, who need financial assistance.

Mrs. William O. Reinhardt explains that . . . "Reasons for assistance are numerous and especially now with rising costs for food, housing, and other essentials."

"Normally tight budgets are squeezed even more, these days," she notes.

Those wishing to give to the Phantom Fund should make checks out to Faculty Wives, UCSF and send them to Mrs. William O. Reinhardt, 25 Belgrave Avenue, San Francisco, CA 94117. Donations are tax deductible.

Doctors Wives Trim A Tree

The Doctors Wives' Association will hold their first tree-trimming party December 7th. Members will meet at University House to enjoy eggnog, popcorn, punch, and other delicacies. Project chairpersons, Jean Tan and Vivian U, urge anyone who has decorations to donate . . . including lights and garlands . . . to telephone Joan Hennessy at 731-1679.

Most members of the Doctors Wives' are newcomers to the area, whose husbands are interns, Fellows, or Residents. Members try to help each other by supplying information about housing, shopping, schools, community resources, etc. They also hold fund-raising projects for special programs, such as the Book Boxes in Moffitt Hospital. One year they provided the sandbox and slide for the pediatric clinic playground at SFGH. They also join with Volunteer Services in such activities as making puppets, a program originated by the UC Hospitals Auxiliary.

Members of the UC Doctors' Wives Association will join with students' wives to trim trees throughout UC and Moffitt Hospitals. Ms. Sue Vader, Chairperson of the tree-trimming committee, asks members to meet December 7, Saturday afternoon, at one o'clock, in the Medical Sciences lobby.

Education for Health by SNMA

The San Francisco Chapter of the Student National Medical Association (SNMA) Sickle Cell Anemia Program at UCSF is presently offering educational sessions in the San Francisco public schools, churches, and interested community organizations in the San Francisco Bay Area.

"Our emphasis now is on educating people," said Stan Hicks. "Sickle cell anemia, as we have learned more recently, is not the foremost problem affecting the black community: Hypertension and improper nutrition are also major health problems.

"Although the scope of the Sickle Cell Anemia program has been broadened to include these important new areas of health care, testing for the sickle cell trait is still encouraged through clinics or private physicians," he concluded.

In October 1974, the Sickle Cell Anemia Program presented a free, public "Health Symposium" in Cole Hall at UCSF, covering the above health problems. Also, as a service to the community, the program offers speakers, upon request, to lecture on these matters.

The office is located at 1311 Third Avenue. For further information call 666-4893.

Linda Carroll Memorial

Linda Carroll, former Head Nurse in the Delivery Room, had a dream that one day she would be able to justify purchase of small TV sets for her patients while they were awaiting the arrival of their babies. Under tragic circumstances, Linda was killed in February of this year. Her many friends on campus contributed to the "Linda Carroll Memorial Fund" and, with a generous supplement from the Hospital and Clinics Auxiliary, the monies provided have been used to purchase 2 small wall-mounted TV sets which are installed in two of our Labor Rooms. Linda's staff have voted to attach engraved plaques to each set stating: "Donated by the Linda K. Carroll Memorial Fund. Delivery Room Head Nurse 1966-1974."

UC SFGH Shuttle Service

Leave UC	Leave SFGH
7:15 AM	7:40 AM
8:05 AM	8:30 AM
9:00 AM	9:30 AM
10:00 AM	10:30 AM
11:00 AM	11:30 AM
1:00 PM	1:30 PM
2:00 PM	2:30 PM
3:00 PM	3:30 PM
4:00 PM	4:30 PM
5:00 PM	5:30 PM

The schedule has been changed to make the Shuttle more compatible with the morning and evening Marin commuter buses.
If you have any questions regarding this new schedule please contact Jane Vance, Extension 453, SFGH, or Jim Wood in the Business Office at UC at 666-1511.

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Inside

White blood cells are being used to fight bone cancer and from studies at UCSF there is a suggestion that osteosarcoma (bone cancer) may be caused by a virus. 1

Dentistry can be a detective's most important tool to identify people, and some examples were given at a recent symposium. 2

The Irwin Blood Bank provides a community service that saves countless lives. 7

The City's Child Abuse Council has completed a successful first year. The Junior League joins with the Council to establish a telephone program, T.A.L.K. (Telephone Aid in Living With Kids). 11

A new "Work Clinic" probes the health problems of individuals and the factors in their employment that may be related to illness. 13

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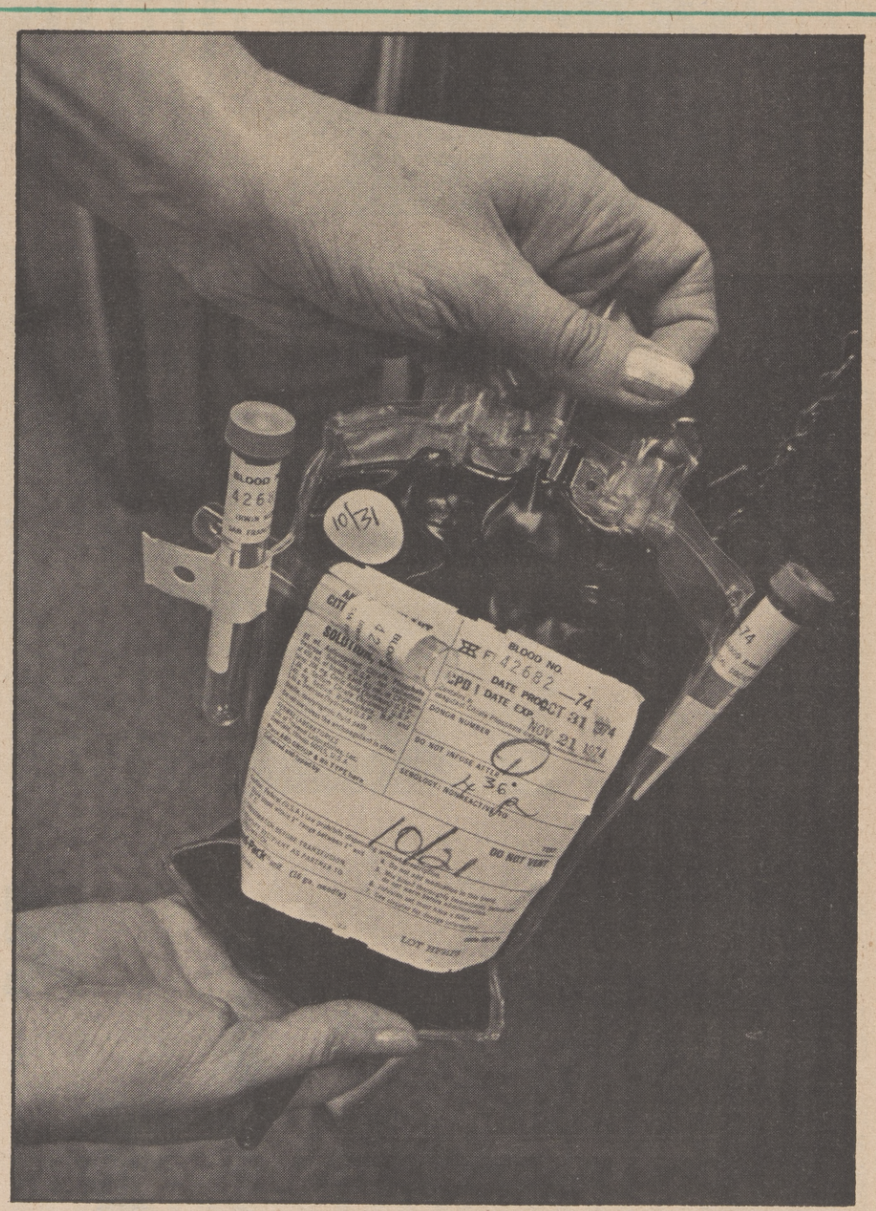

The gift that only you can give . . . a unit of blood. (see page 7)